

THE 15th INTERNATIONAL SYMPOSIUM ON AVIATION PSYCHOLOGY

Wright State University
Dayton, Ohio

April 27-30, 2009

EXHIBITOR DISPLAY AREA RESERVATION

The undersigned Exhibitor reserves

- one 6' x 30" (183 cm x 76 cm) shared tabletop
- one 6' x 30" (183 cm x 76 cm) tabletop
- two 6' x 30" (183 cm x 76 cm) tabletops
- one 8' x 8' (2.44 m x 2.44 m) booth
- one 8' x 16' (2.44 m x 4.88 m) booth

Tabletop displays include one skirted table, one chair, and an identification sign. Each booth will have back and side drapes, one or two covered/skirted six-foot table, two chairs, and an identification sign.

Equipment Needs

If you have equipment needs other than those listed above, please list them below. Electrical outlets and data lines will be provided free of charge. Other equipment may incur additional fees. Please contact isap_logistics@wright.edu or Terri Mileo at (937) 775-5512 to ensure availability of special equipment.

Number of electrical outlets needed: _____ Number of data lines needed: _____

Other equipment needed: _____

Please note:

- (1) Exhibitor will restrict booth occupancy to the Exhibitor's product and/or service only.
- (2) All fees are due in full by April 2, 2009
- (3) A \$100 cancellation fee will be assessed for all cancellations occurring after April 9, 2009.
- (4) Reservations will be made in the order they are received – space is limited.

Exhibitor Information

Exhibitor Name: _____

Company Name (Print as it should appear on sign): _____

Address (street, city, state, zip code, country): _____

E-Mail Address: _____ Web Address: _____

Phone#: _____ Fax #: _____

Total Number of Representatives to Attend: _____ (Please list the Representatives on the next page)

Name of Exhibitor Representatives to Attend:

(In addition to the free registration(s) associated with the Sponsorship level, additional Exhibitor's badge may be requested here. The Exhibitor's badge entitles the representative to attend the Opening Reception, the Keynote Address, and Coffee Breaks. Please print name as it should appear on the Exhibitor's badge)

<u>Name</u>	<u>Organization</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Method of Payment to Cover Additional Equipment:

Check Payable to: Wright State University

P.O. # _____ Total Amount: \$ _____

Discover

Visa

MasterCard

For security purposes we are no longer able to accept handwritten credit card information. Please contact the WSU Event Services office at (937) 775-5512 with your payment information.

Exhibitor Signature: _____ **Date:** _____

Please return completed form to:

Theresa Mileo
Wright State University
Student Union & Event Services
3640 Colonel Glenn Hwy.
Dayton, Ohio 45435-0001
U. S. A.

Phone: (937) 775-5512
Fax: (937) 775-5527
Email: isap_logistics@wright.edu